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ABSTRACT

This paper describes key elements and strategies of a system whereby communities can provide more effective support and service systems. It is intended as an overall framework for improving children's educational outcomes by helping prepare all children for successful participation in school, strengthening family capacities to support their children's educational progress, and ensuring the effective function of community services. The framework is intended to serve all families rather than just those in need of particular services. The paper provides guidelines for the following issues: (1) shifting to outcome accountability, and the process of selecting and using outcome measures; (2) developing effective services and supports; (3) building a stable financial base for services; (4) forming the collaborative community governance; and (5) implementing cross system staff development and training. The conclusion section of the paper notes that the real measure of progress for communities is whether trends change in the direction of the desired outcomes in the long term, but that it is also important to establish shorter term goals that can help communities know if they are on the way toward long-term outcomes. Figures relating to the framework are appended. (AP)

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I. INTRODUCTION AND PURPOSE[1]

This paper describes key ingredients of a system of community supports and services which can:

- *help prepare all children for successful participation in school;*
- *strengthen family capacities to contribute to and support their children's educational progress; and*
- *ensure the effective functioning and continued evolution of the services and supports needed by children, families, and schools to improve children's educational outcomes.*

The paper builds on what is known about developing these systems, reflecting many communities' and states' experiences to date. It is intended as a starting guide for communities undertaking this task. However, each community will need and want to develop its own programs, policies, and systems.

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[1] This paper was created to assist communities in the National Alliance for Restructuring Education with pursuing the reform agenda outlined in their "Community Services and Supports" task. Each of the five components of reform (outcomes orientation, services and supports, financing, governance and professional development) corresponds to a "core commitment" undertaken by all the Alliance sites. However, the reform approach in this document applies to any community striving to improve outcomes for children and families.

II. THE FRAMEWORK

The basic premises in this paper are part of the national consensus regarding the nature of the needs of children and families today, and the best ways to meet these needs.

There are many signs that children and families are experiencing severe strain, resulting in poor outcomes for children. The shrinking pool of youngsters with the skills to operate in today's high-tech, thinking-based economy; more and more children growing up lacking the supports they need to become functioning adults; and current rates of school failure, alienation, substance abuse, unmarried teenage childbearing, and violent crime -- all these are a threat to the very future of society. Growing recognition of these crises is becoming the launching pad for action on a scale that will at last match the seriousness of the problem.

There is similar consensus that the nation must set higher goals for the well-being of children. The National Education Goals have particularly strong support, reflecting widespread readiness to act on the promise that all children can be ready for school learning at school entry, and that all children can succeed at school.

Schools cannot meet school readiness goals alone and they cannot even meet school achievement goals alone. By the time they reach age 18, children will have spent only 9% of their lives in school. Furthermore, many studies have shown that children who are educationally at-risk are more likely to have multiple problems in other parts of their lives and to be served by several other agencies. Teachers cannot undertake to solve all of these problems, yet until they are addressed, students are unlikely to make sufficient progress in achieving their education goals. Students who come to school hungry, tired, and abused (or those who don't come to school at all) cannot be expected to take full advantage of curriculum reforms no matter how innovative they are or how hard the teacher tries to engage the student in learning.

Just as school performance is inseparable from children's well-being outside of school, so is children's welfare inseparable from the well-being of families and the stability of communities.

Families are the first and usually the best providers for their children's health and welfare. Children are unlikely to prosper unless their families do. And just as families are the best providers for their children, communities are the essential support system for families. Communities -- that is, the neighborhoods, schools, workplaces, and other local institutions that surround families as they live their lives -- must provide the opportunities and resources that families need. These include employment opportunities necessary for economic support; income security strategies when employment opportunities are inadequate; educational opportunities necessary for children to learn; and health care resources that are essential to all family members. Basic economic well-being for families and children is a prerequisite for healthy child development.

Supplementing these basic resources are *supports and services* that must be available. What is envisioned here are not just formal services -- such as schools, health care, child welfare, or mental health services. This framework takes a broader view of the meaning of supports and services.

- It emphasizes the need to strengthen the informal supports that most families turn to before they seek help from formal resources. Neighborhood groups, drop-in centers, youth groups, civic associations, parks, libraries, and churches are all part of the informal support networks that help families cope. In many instances, if these informal networks are strong, families have less need for more formal services.

- It requires communities to provide assistance to families in more responsive, accessible, acceptable, and useful ways. This suggests embedding services in neighborhoods, schools, and workplaces, where families in need are more likely to turn.

- It envisions involvement of parents themselves in all aspects of the design and delivery of essential supports. Just as parents are critical to effective school operations, parents' involvement in services and supports is a key ingredient of success.

Taken together, these assumptions suggest a community system that supports all families, rather than focusing exclusively on specialized or remedial services that are triggered when families fall apart or children get in deep trouble. In this vision, state and county government, as well as cities and other local authorities, must build the conditions and supports that all children and families need, at the same time that mandated crisis services are assured.

Shifting community institutions -- schools and other public and private agencies -- toward this more "family focused" orientation requires change in philosophy, policy, practice, and resource allocation at all levels of government -- as well as changes by the non-profit sector and civic leadership outside of government. For schools, human service agencies, and parents -- the audience for this paper -- achieving this orientation requires pursuing changes according to nine major principles.

1. ***Outcome orientation:*** *A focus on outcomes related to the well-being of children and families as the measures of performance of community institutions, creating a "climate of accountability" in schools, human services, and the broader community.*

2. ***Comprehensive change:*** *The current fragmented service delivery system cannot sufficiently improve outcomes; wholesale changes are required.*

3. ***Community context:*** *Because the health and well-being of children and families is inextricably linked to the condition of their communities, efforts to improve education and human services cannot operate in isolation from efforts to improve housing, public safety, economic security and community development.*

4. ***Community-wide responsibility:*** *No single agency, organization or school can accomplish this agenda alone; all elements of a community must participate in order for changes to be effective.*

5. ***Family support:*** *Supporting and assisting all families to care for their children is fundamental to improving outcomes for children.*

6. ***Family and community focus:*** *The service delivery system must focus on children in the context of their families, and on families in the context of their communities.*

7. *High-quality services and supports: Development of community services that are comprehensive, high quality, flexible, responsive when and where families need them, and rendered respectfully and collaboratively.*

8. *Local empowerment: Community supports will be most effective if significant decisions about the means to accomplish outcomes are made at the most local level, which means giving responsibility and flexibility to front-line staff, and involving parents and community representatives in allocation of resources and setting direction for schools and human services.*

9. *Commitment to responsiveness: A commitment to be responsive to and inclusive of populations diverse in terms of their ethnicity, race, age, disability and culture in all aspects of the design, delivery, and governance of services and supports.*

All of these principles underlie the five-part process proposed in this paper for undertaking systemic reform. Each part is an ingredient in a recipe that must be completed in full in order to successfully improve outcomes for children and families. The five parts of this process are:

Defining the outcomes that the community seeks to accomplish for children, and moving to change the community's system of services and supports to an outcomes accountability framework (Section III);

Identifying needed services, linking up with existing effective services and supports, and working collaboratively to modify or develop additional services and supports as needed to achieve the defined outcomes (Section IV);

Identifying financing strategies to ensure adequate and predictable long-term funding of essential services and supports (Section V);

Developing a collaborative planning process, and identifying or creating the governance entities that can be held accountable for achieving desired outcomes involving more than a single helping system (Section VI); and

Preparing the professionals who can provide or manage the new services and supports through new training and professional development strategies (Section VII).

These activities are part of an evolutionary and interactive process that must go on at the state and local level. The remainder of this paper describes each of these five components in more detail.

III. THE SHIFT TO OUTCOME ACCOUNTABILITY

A. What is at Stake in the Shift to Outcome Accountability?

1. **Outcome accountability can replace -- or at least diminish the need for -- centralized bureaucratic micro-management and rigid rules.** Effective services require a significant degree of both local variation and frontline discretion, which cannot be maintained in the face of detailed regulation of program inputs that tie the hands of front-line professionals. Regulation by **results** (outcome accountability) is the best alternative to top down, centralized micro-management, which holds programs responsible for adhering to rules that are so detailed that they interfere with a program's or institution's ability to respond to a wide range of urgent needs.

   It becomes easier for policy makers to desist from regulating and micro-managing processes and procedures if they have the capacity to hold programs, institutions, and those who run them accountable for results. The use of outcome indicators helps to focus attention on agency mission rather than rules. It permits the necessary flexibility and autonomy at the front-end. Auditors spend less time reviewing records to see how many services were provided (e.g. how many families were visited) and whether eligibility for services was adequately documented, and spend more time on inquiring into the results achieved (such as multiple or inappropriate out-of-home placements avoided). The question asked of professionals at the front-lines, be they teachers, social workers, or health professionals, shifts from "Did you do what they told you to do?" to "Did it work?" A different organizational climate results, in which well-trained professionals use their judgment and experience to respond to the needs of children and families, rather than being constrained by pressures which primarily reflect the narrow interests of the bureaucracies within which they work.

2. **Outcomes can help to increase resources for effective services by assuring funders and the public that investments are producing results.** Funders and the public are

demanding information on which informed judgments can be made about whether institutions, programs and policies are in fact accomplishing their intended purpose. Polls show that voters are prepared to support new investments in schools and services when they are convinced that the investment is bringing the promised results. Especially in a time of fiscal constraints, managers who are willing to be held accountable for achieving agreed-upon outcome measures will have the greatest chance of obtaining needed funding and other support.

3. **Agreement on desired outcomes facilitates cross-systems collaboration and systems change, fosters greater attention to children and families, and helps to minimize expenditures that don't contribute to improved outcomes.** One of the most pervasive problems with the current system is its fragmentation; organizations and individuals work largely in isolation from each other. Yet improving the life chances for children and families can only be accomplished when the people and organizations involved work in collaboration. Adopting an outcomes orientation can facilitate that change; once people from different organizations, disciplines and systems agree to be held jointly accountable for outcomes, it soon becomes evident that collaboration is necessary to accomplish their goals. (This is not intended to minimalize the difficulties inherent in building a collaborative effort, but accepting outcome-based accountability at least can drive the recognition that collaboration is necessary.)

A focus on outcomes can also be instrumental in promoting a community-wide "culture of responsibility" for children and families. Reflecting Alice in Wonderland's aphorism that "If you don't know where you're going, any road will get you there," a focus on outcomes is likely to discourage expenditures of energy, political capital and funds on ineffective services and empty organizational changes. The shared commitment to improve specific outcomes for children can make service integration efforts fall into place -- not as an end, but as an essential means of collaborating to achieve improved outcomes. However, in order for this shift in community perception to take place, an essential part of the strategy to move to outcome accountability must be the engagement of the public. The members of the community must understand the significance of the

shift, and how to use and interpret outcome measures (so that they do not have unrealistic expectations about performance on outcome goals).

B. The Process of Selecting and Using Outcome Measures

Because the current state of the art of outcome measurement is primitive, many who support a shift to outcome-based accountability and evaluation would prefer to see widespread application postponed until further progress is made toward a more sophisticated technology and philosophy of outcome measurements. Without a doubt, work must proceed on the development of an improved ability to collect data, measure outcomes and link interventions to outcome performance.

Nevertheless, the Improved Outcomes for Children Project has concluded that despite the difficulties, the time has come to begin working with a Core List of outcome measures, using data that are currently readily available, and using outcomes around which it is relatively easy to obtain broad agreement. One such Core list is attached as Figure A.[2] Many communities have begun to select outcome measures to guide their planning, and are finding the IOCP's Core List of outcome measures useful in decision-making about which outcome measures to select, in distinguishing between outcome measures and capacity/process measures, and in identifying methods for gathering the necessary data.

As schools, human service agencies, parents and other community members undertake the process of jointly selecting outcomes and outcome measures around which to orient their planning and accountability, they should consider taking the following steps:

- Joint identification (among schools and human service agencies and other members of the community, and ultimately with the participation of states) of the common outcomes they seek for children. This in itself is a major achievement and requires a significant consensus-building process;

[2] A more detailed explanation of the rationale for this list can be found in another IOCP paper available from the Center for the Study of Social Policy, Shifting to Outcome-based Accountability: A Minimalist Approach for Immediate Use, by Lisbeth Schorr.

- Agreement on the geographic area on which it will target initial efforts, such as city, county, neighborhood, school district, or catchment area of a school or set of schools;

- Joint monitoring of outcomes, with regular collection of information documenting progress (or lack of progress);

- Preparation of a joint "report to the community" about these outcomes, and the actions necessary to improve them.

In order to use the Core List, or other lists of outcome measures, communities will need to investigate for their own area how to gather and analyze the necessary data to establish a base-line and measure progress. In particular, they will need to consider:

- how to get the necessary information;

- which measures are most likely to be appropriate with what size populations and in which specific circumstances;

- how to understand changes in outcomes in relation to interventions and background factors;

- how to select appropriate comparisons against which to measure outcomes, including the use of comparisons over time, comparisons with groups outside the community, and comparisons among various racial and income groups;

- how to make realistic judgments regarding expected results (such as how long an intervention would have to be in full operation before it would be realistic to expect results and for trend lines to change);

- how to allocate accountability for outcome performance along with rewards and sanctions, among all the players involved; and

- how communities can create or adapt governance entities that take responsibility for achieving agreed-upon outcomes, and impose consequences (in the form of rewards and sanctions) in response to outcomes attaintment.

Many of the outcome measures in the Core List will take some time to change; a major issue that communities will need to address is how to know if they are moving in the right direction while waiting for the outcome indicators to show progress. One strategy to address this problem is to saturate a neighborhood with needed services and supports instead of spreading services out thinly over a large area. This may hasten the change in the outcome measures for that neighborhood. Another very tempting strategy is to use interim or proxy measures such as inputs or indicators of service capacity. For example, a community may evaluate the services it is providing to support an outcome goal to ensure that they are being delivered in an effective manner. However, if they choose this strategy communities need to ensure that they do not lose sight of the outcomes that are their true goal.

IV. WHAT WORKS: DEVELOPING EFFECTIVE SERVICES AND SUPPORTS

Assuming a community has agreed on a set of outcomes aimed at maximizing rates of healthy births, school readiness, children succeeding at school and adolescents avoiding early childbearing, violence, substance abuse and idleness, the community must then address the question of what is known about how these outcomes are most likely to be achieved and how communities can utilize this knowledge to achieve the desired outcomes.

Because effective services are not the norm today, communities are likely to find that they need to modify, expand, or create new services and supports, as well as to develop linkages among existing services. The services and supports that communities will decide to put in place or link up with, improve, expand, or utilize will vary widely because of significant differences in available resources already in place (including, for example, the presence of family support centers and youth service centers in Kentucky, Success by Six and parent-child centers in Vermont, and the extensive work accomplished by the 90 day working group in Rochester, NY).

It is vital that the community's vision of the supports and services it needs for its families go beyond a list of formal, professionally-driven services delivered by a human services agency. The vast majority of families reach out first to their informal network of family members, friends, churches, social groups and others before they encounter any formal bureaucracy. Strengthening this network is often more effective at improving families' lives while reducing the need for more expensive formal services. In addition, the existence of parks, libraries, and recreation centers can often help reduce the stress on family life that can lead to domestic violence and child abuse. For example, a high school in Kentucky has developed a peer support group for its students that cuts across the normal cliques. Just facilitating the development of a network of close friends upon whom the students can call has provided enormous support for students experiencing a variety of life changes. A school in Miami has developed a parent support network that uses parents as home visitors and to provide information and referral. This structure has benefited both the parents who staff the program as well as those with whom they work.

Despite great differences among communities, many of the steps they will undertake to improve services and supports to encourage school success will be similar. The IOCP is recommending a five-step process, summarized in Figure B and illustrated in Figure C.

A. Unbundle Agreed-upon Outcomes into their Component Parts

The first step in using agreed-upon outcomes to shape the analysis and action around needed services and supports is to break the outcomes down into their component parts.

For example, the outcome of increasing the rate of healthy births could be unbundled into:

- reducing rates of unintended births;
- reducing rates of births to teen-age mothers and fathers;
- increasing the proportion of adolescents and young adults who are in good health and not substance abusing or smoking; and
- increasing the proportion of pregnant women receiving prompt, continuing, high quality prenatal care.

B. Identify the Services and Supports Needed to Achieve each of the Agreed-upon Outcomes

The second step is to determine the services and supports needed to achieve -- or make progress toward -- each of the agreed-upon outcomes (and outcome components).

As communities work through these questions, they will find it useful to start with lists of services and supports which have been identified as helpful through research and experience. Such lists are included as Figures D-1 through D-4 at the end of this paper, and contain both the services and supports needed by all children and families, and those that will be needed primarily by high risk children, and children and families with special needs. Communities will also find that certain community pre-conditions seem to be crucial in determining whether outcomes are likely to be achieved. For example, reducing the proportion of

families living in poverty or living in substandard and unsafe housing would improve the probability of reaching all of the desired outcomes. Similarly, a higher proportion of youngsters who see their futures beyond school as including rewarding work or education will result in more youngsters postponing parenthood.

C. Identify Services and Supports now Available in the Target Area

The next step is for communities to begin the process of identifying and analyzing what services and supports are currently available; the following questions may be useful as a guide:

1. Which of the needed services and supports are now available to the target neighborhood(s)?

2. How many children and families can these services and supports effectively cover, and how many children and families need them?

3. Which are now available under conditions that are likely to make them effective in improving outcomes?

4. Which services and supports are available but under conditions that make them ineffective or inefficient, or involve unnecessary duplication?

Many different kinds of services have been shown to improve outcomes for children. *Whether a given service in fact improves outcomes often depends as much on the circumstances in which the service is rendered as on the service itself.* Effective services share a number of common attributes, regardless of whether they are rendered in the health, social services or education systems. Based on a considerable body of convergent research, the major attributes of effective services are the following:

- successful programs are comprehensive, intensive, flexible, and responsive to a wide variety of needs;

- successful programs encourage active collaboration across professional and bureaucratic boundaries, and embody a set of principles that empower and "go the extra mile" for families;
- successful programs deal with children as parts of families, and with families as parts of neighborhoods and communities;
- staff in successful programs have the time, skills, and support to build relationships of trust and respect with children and families; and
- successful programs are long-term, preventive and continue to evolve over time.

A summary of these attributes can be found in Figure E.

Services with these attributes seem not only to improve outcomes for children by ensuring school readiness and supporting children in their learning and raising their chances of school success, but are also supportive of families, communities, and schools. Services that are truly responsive to the needs of children and families also respond to the needs of teachers. When providers of service adopt a stance of never responding to problems by claiming "this is not my station," when they do not close the books on a family when an appointment has not been kept, and when they routinely resolve problems with other service providers directly rather than expecting the family or teacher to adjudicate among conflicting sources of advice, outcomes improve.

D. Conduct Gap Analysis

The next step is for communities to conduct a gap analysis to answer the following questions with regard to the target area:

1. Which needed services and supports are missing or are not available at a sufficient level to meet the need for services?

2. Which needed services and supports are available, but must be restructured or otherwise modified to make them available under conditions that are likely to make them effective in improving outcomes?

E. Identify and Take Action Needed to Put Missing Services and Supports in Place, to Make All Services and Supports Maximally Effective in Improving Outcomes, and to Institutionalize Change

Although the vision developed by a community may result in a list of services and supports that seems dauntingly expensive, there are many steps that cash-strapped communities can take to move towards that vision. Some steps can be accomplished by shifting funds from expensive, "back-end" services to preventive services meant to keep problems from occurring or escalating. Other services can be effective at very low cost, such as the support group for high school students described above. In other instances, the community may not need new services but rather changes in the way existing services are provided. And, another section of this paper discusses ways in which many state and local agencies can refinance services often paid with local dollars in order to free up funds to accomplish this vision.

- Developing linkages among or modifying existing services and agencies, and establishing new services.

  Attention would go to such issues as location or relocation of supports and services; joint intake and eligibility determinations; information sharing; assuring easier access to and feedback from all sources of supports and services; assuring that all children and families are part of a tracking/information system.

  All communities may wish to do some version of the following:

  -- Developing linkages to critical services already available in the community, but which need more direct and responsive connection to schools;

- Assessing needs for highest priority services, and obtaining agreement among schools and human service agencies about what those needs are and possibly using new needs assessment and data match methodologies;

- Developing a community plan for starting or expanding priority services;

- Implementing a "core" service capacity in or near schools if one does not exist;

- Phasing-in other key components of the community support system outlined in the community plan.

- Developing financing strategies to re-allocate existing funds and to obtain new funds.

- Designing new training and professional development activities to ensure that front-line personnel and managers will have the skills and mindsets to function effectively in reformed service settings.

- Developing a governance mechanism or identifying an existing governmental entity that will take responsibility for:

  - achieving shared, cross-systems outcomes, modifying existing arrangements to continually improve outcomes, and keeping the community informed of progress or lack thereof.

  - developing and implementing a process that results in a hard-edged incentive system to reward success in achieving agreed-upon outcomes.

  - assuring continue evolution and responsiveness of a coherent set of community supports and services.

- Identifying barriers in state and federal policies and practices that interfere with the community's ability to improve outcomes.

V. BUILDING A STABLE FINANCIAL BASE FOR SERVICES

Current fiscal realities demand that communities use every possible creative approach to find resources available for services and supports. Chronic underfunding, compounded by recent budget cuts, has placed schools and human service systems under severe stress. Without an effective resource strategy to support reform, service agencies are likely to become defensive, revert to core mandates at the expense of more preventive services, and resist the organizational and resource demands of change. In short, some level of new and/or redeployed resources will be needed to create incentives for change.

This framework does not depend on large, new additional outlays from state general funds for children and family services. Rather, it depends on a strategy of redirecting existing dollars to be more effective (redeployment) and refinancing services with federal funds and using the freed-up state and local money for initiatives to improve outcomes. The good news is that tight fiscal conditions often are the best opportunity to challenge existing deployment of resources -- states and localities suddenly facing an impossible task with unrealistic resources have recognized that they must take drastic steps in order to provide any quality of life for their citizens. When every agency is faced with a crisis, they may be more willing to put their resources on the table and look for entirely new solutions.

The fiscal strategy outlined in this section has three parts:

- Establishing an overall joint program and fiscal strategy that links funding plans to clear program priorities;
- Redeployment of existing resources; and
- A commitment to reinvest dollars gained through refinancing services with federal entitlement funds.

Each part of this strategy is described briefly below.

A. A Joint Program and Fiscal Strategy

Program priorities should determine fiscal strategies, not the reverse. To ensure that this occurs, communities are urged to link their program and fiscal agendas through development of an explicit "joint program and fiscal strategy" that identifies priority program goals and the fund sources used to finance them.

A framework for this joint strategy is shown in Figure F, with examples of a possible community agenda. The right side of this figure lists program priorities that a community might establish in order to achieve defined goals for families and children. Note that the priority services are organized in a "continuum of care" sequence that encourages consideration of preventive and early interventions simultaneously with more traditional remedial services.

The figure's right side also identifies priority expenditures that are administrative, rather than programmatic. As described in more detail below, these costs are necessary in order to carry-out the fiscal strategy and gain the new dollars. Thus, while not of direct service benefit, they are equally as important to the overall strategy. Without them, neither the state government nor local communities would be able to secure the new funds through refinancing activities.

The left side of the chart identifies the fund source opportunities that the community will develop in order to finance as much of its agenda as possible. This list indicates the community's intent to pursue both refinancing and redeployment activities, and identifies the opportunities believed to be most important.

Defining this "right side, left side" strategy is essential at both the state and community level. It helps state officials, as well as members of the local collaborative, see their agenda for change as a whole. Without it, the tendency will be to focus on specific program priorities and fund sources at the expense of the overall strategy.

B. Redeployment of Current Resources

While state and local officials often look first to new funding, there are important opportunities to move resources around within the current system so they are used more effectively. The important point is to develop a strategy for improving outcomes that relies on proven services, delivered in an effective manner, and then target resources according to that strategy. Moving resources in line with this overall strategy usually means officials have to reduce spending for one activity while increasing spending on more productive preventive activities.

Redeployment strategies are essential elements of reform for two reasons. First, by its nature redeployment involves changing the distribution of funds and the shape of services and service delivery structures. It forces a process of substituting new practice for old, rather than just "layering on" new service components. Second, redeployment helps ensure that current resources are well-spent before new resource allocation decisions are made. State and local officials can be more confident about investing additional funds if existing appropriations are being used in the most productive ways possible.

Two key characteristics, among others, may indicate significant redeployment potential: a situation in which funds are concentrated on remedial, often expensive "back-end" services rather than preventive approaches; and/or funds are scattered among numerous categorical programs that each attempt to accomplish broad goals with trivial resources. In the first case, experiences in many communities have demonstrated the effectiveness of moving resources from treatment to prevention. In the second case, scattering resources without an overall plan often leads to projects that are too diffuse to have any effect and that have high administrative costs. For example, one-shot lectures or brochures are almost never effective in changing behavior; rather than scattering funds among several such initiatives, it is better to focus resources consistent with an overall strategy to accomplish outcome goals.

Specific redeployment opportunities will vary according to each state and locality, but the following are examples of resource shifts that jurisdictions can make:

- Redeploying Staff

  - Outstationing social service and/or health care staff in schools to support health education and prevention activities.

  - Outstationing eligibility determination staff (for early preventive health care (EPSDT), for example) in or near schools so that families' access to benefits is increased.

- Redeploying Dollars

  - Shifting residential care costs to less intensive community-based services. Children placed in expensive residential care can often be treated in less expensive community settings. For example, use of therapeutic foster homes and other community-based support services (such as day treatment services attached to schools) allows communities to serve some children who would otherwise remain in institutions. These community-based services can be financed using the dollars that would have been spent for institutional care.

  - Developing "wraparound" service plans for community-based treatment of children who would otherwise require more restrictive and expensive levels of care. Such efforts have been successfully structured by giving local social service agencies and schools the authority to purchase a local plan of care as long as it is equal to or less than the cost of institutional care.

Many other "redeployment" possibilities exist, and should be explored. The challenge for each community is to review current expenditures systematically, and determine if current investments can be redirected.

C. A Reinvestment and Refinancing Strategy

Refinancing is the process by which federal funds are used to pay for services previously financed with state or local funding. This process frees up an amount of state and local money equivalent to the new federal funding, and allows this freed-up money to be reinvested into improved services for families and children. (Freed-up funds can be directed to services which are, themselves, eligible for federal reimbursement, thereby multiplying the benefits of the refinancing effort.)

A commitment to reinvest, justified by a strong plan to improve outcomes. The chance to bring in new federal funds by refinancing children's services represents a rare opportunity for states and communities to create their own desperately needed resources. It is a chance to "self finance" service improvements. Yet at the same time, there is a danger that the new funds gained from refinancing will be diverted to uses other than children and family services. The resources freed-up through refinancing are, in effect, general revenues, and can be used for any purpose on the state or local agenda. There is a real risk that funds generated by refinancing parts of the children's service system will be lost to other government priorities.

Thus, states and communities participating in this effort must make every attempt to ensure that funds gained through this mechanism are used to strengthen children and family services and thus achieve each community's defined outcomes.

The commitment to reinvest these funds should be obtained *before* refinancing activities are undertaken. It should be justified by a clear, convincing program agenda tied to outcomes. The reinvestment commitment should be anchored either by executive agency agreement or through legislation.

Once a reinvestment commitment is made, it must be monitored closely. The dollars gained from reinvestment should be tracked from their initial claiming (at both state and local levels), through their receipt and budgeting, to their actual expenditure on behalf of families and children.

Potential fund sources. Three titles of the federal Social Security Act provide states the most significant opportunities for refinancing services to families and children.

- Title IV-E provides funding for out-of-home care costs for low income children placed in accordance with federal requirements. Title IV-E can also be used to pay for some preventive and case management costs incurred in the child welfare and juvenile justice systems.

- Title IV-A is best known as the federal title which supports the AFDC program. A lesser known provision of this title provides states broad options for structuring emergency assistance programs for families with children. Some states have begun to use this program to finance family preservation, protective services, shelter care, and other community responses to emergencies.

- The Title XIX program (Medicaid) provides federal support for states' health and rehabilitation services for low income families and individuals. Although Title XIX is best known as a primary health care program, it actually permits considerable discretion in the structure and coverage of state programs. States have begun to claim Title XIX reimbursement for social and rehabilitative services, including therapeutic community services housed in education, health and mental health settings. In addition, the Early, Periodic, Screening, Diagnosis, or Treatment (EPSDT) provisions of Medicaid create considerable opportunity for funding school-based health education, outreach, and follow-up activities.

"Community Reinvestment": Refinancing as a collaborative effort. States and communities are urged to pursue refinancing and reinvestment on a collaborative, cross-agency basis. Traditionally, when refinancing has been pursued, it has been by a single agency acting alone. The dollars gained are then used for a single agency agenda as well. However, this approach is less effective at accomplishing outcome goals over the long-term than a collaborative approach. Many outcomes are the result of factors under the purview of a variety of organizations and agencies. Changing those outcomes requires changes throughout the community. Through a process known as "community reinvestment," community agencies can:

- Jointly agree on a program strategy to improve outcomes;

- Explore the refinancing opportunities available to all participating agencies through the above federal fund sources and others. (This step requires considerable state agency involvement, because the designated state agency must submit claims from local agencies to the federal government for reimbursement.);

- When dollars are received through these fund sources, they are reinvested according to a community plan developed by schools and human service agencies working together, rather than by a single agency.

While most states have pursued some of these refinancing opportunities, no state or community has pursued them all. Thus a first step is for states and communities to assess, within the framework shown in Figure F, which possibilities remain and to determine how they could be pursued.

D. Beginning Steps for Local Communities

Implementing any of these strategies requires both short-term and longer range activities. Steps which will allow communities to get started include:

1. Local agencies develop a clear and compelling program strategy to achieve defined outcomes (as described in Section IV).

2. Local organizations identify current staff in schools, social service agencies, health and mental health agencies, and community-based service organizations and other neighborhood groups which could be:

   - co-located in schools or other community settings to increase families' or children's access to services;
   - redirected to meet higher priority community needs;
   - assigned to new functions which are necessary to achieve the community's defined outcomes.

3. Local and state agencies identify budget expenditures for high cost services which could be redirected for investment in less-restrictive or more preventive activities. Assessment should be made of the following potentials;

   - out-of-state residential care expenditures, for redeployment to community-based programs;
   - out-of-home care expenditures for redeployment to family preservation.

4. Localities and state agencies assess the potential for further maximizing federal funds through Titles IV-A, IV-E, and XIX of the Social Security Act. Localities and state agencies jointly proceed to:

   - Identify possible services that could be refinanced;
   - Conduct a feasibility study which identifies for each participating agency, (1) likely amount of dollar gain through refinancing; and (2) administrative and other steps necessary to gain these funds;
   - Develop a written agreement specifying the understanding about how dollars gained through refinancing will be invested; and
   - Develop a detailed workplan to guide the refinancing activities over several years.

VI. COMMUNITY GOVERNANCE

To achieve improved outcomes for children, and establish an improved system of services and supports, states and communities will almost inevitably require new forms of community governance. None of the outcomes sought for children (and identified on the core list in Figure A) can be achieved by schools, health and human service agencies or other organizations acting alone or operating in isolation. This task requires new, more unified, and sustained responses by many community leaders, agencies, and institutions working together.

However, few communities now have a vehicle for organizing these cross-agency and cross-system community responses. Myriad services have been authorized at the federal and state level without creating unified direction for them or the capacity to manage them as a system at the local level. No one *governs* the totality. No one has overall responsibility for overall outcomes.

The result of this is that clear policy directions are often not available as a framework within which resources can be invested. Schools, human service agencies, and other community institutions do not work toward common goals that cut across agency boundaries to help either an individual family or to advance a broader community policy. (For example, the child welfare agency may launch services designed to avoid unnecessary placement of children in its custody, but that same agency is unlikely to worry about or influence the placement practices that influence school policies that affect whether a child remains in the community.)

With this fragmented view of both problems and goals, communities have few effective ways to respond to new and emerging child and family problems. Each school and human service agency reacts to new situations on its own.

The irony is that these systems of undirected and misdirected services have been created with the best of intentions. The systems function as they do because governors, legislators, researchers, advocates, and federal, state, and local administrators have tried to respond to a host of separately identified family and community problems. The "solutions" have produced

specialized programs for equally specialized problems and target populations. It has been left to local communities themselves to create the strategic planning, management, and monitoring capacities that can weld many of these disparate programs together. Without an overarching mechanism to bring the disparate players together, the community system of services and supports will continue as a set of many different organizations with varying purposes and perspectives.

The purpose of community governance, then, is *to ensure community agreement on problems, focus attention on the need for cross-cutting approaches, and create effective methods of achieving desired outcomes for families and children through improved and more comprehensive strategies of services and supports*. This goal requires the development of many new capacities at the local and state level.

The development of a process of community governance can be considered as movement along a continuum. Organizations and individuals that were working in isolation can begin simply with **communication** with each other about what they do and what their goals are. At the next stage is **cooperation**, in which the different organizations and individuals involved conduct some of their work together to help each other meet their own goals.

A third stage, and the point at which the system is moving toward a governance process, is **collaborative governance**. While schools, agencies and community institutions still operate as separate entities, a governing body exists that can pool funds, design joint strategies, and carry out plans to collectively improve outcomes for families and children. One of the primary purposes of moving to this type of governing process is to bring more authority and responsibility for improving outcomes for children to the most local level possible. Instead of state agencies prescribing exactly how local organizations should provide certain services, states and communities together would set outcome goals for their families and children, and then local communities (through a process of governance) would decide how to use funds to meet those goals.

A fourth stage, which is itself another major change from the third stage, can be termed **consolidated governance**. While it has many of the same attributes as collaborative governance, the governing entity envisioned here has more direct control over funds, school and human service agency operations, and staff. The governance entity would not be a collaboration of separate institutions such as schools, human services, health providers, etc. Rather, there would be new entities at the neighborhood, district and state level that would combine the functions previously segregated in different agencies that contribute to improved outcomes for families and children.

While the first two stages represent essential first steps for ll communities seeking to achieve better outcomes for children and families, the third step is a major change from the first two and the fourth represents an even more dramatic change from current practice. These latter stages represent a true shift in authority, funds, and relationships. This fourth stage will be described in detail in a future IOCP publication; this paper focuses on the third stage -- collaborative governance.

A collaborative governance process is a way for a wide range of local agencies, institutions, and concerned citizens to come together to design and implement creative, cross-cutting, and cost-effective solutions to problems that threaten family stability and healthy child development. To accomplish this task, organizations and individuals in a community jointly agree to improve outcomes and to do "whatever it takes" within their own organizations to accomplish those outcomes. This may mean changing their own structure and methods of service delivery, as well as joint planning for the use of major portions of their budget. In the past, individual schools or agencies, acting alone, have tried to bring disparate organizations together but they rarely (as described above) have the authority to marshall sufficient resources to assist families fully, especially when difficult trade-offs arise. By contrast, a collaborative governing entity's purpose is to engage a wider range of community resources in problem solving.

A. Responsibilities

A governance body's scope, structure, and activities will depend to a large extent on local conditions and choices, particularly on the nature of the problems a community decides to address. However, there are five basic functions that a governance entity usually must carry out, regardless of its specific substantive focus. These are:

1. **Agree on a defined set of outcomes sought by the community for children and families.**

   As described in Section III, communities are encouraged to agree on a core set of outcomes. Because many interests are represented within the governance entity, it is an appropriate forum for establishing these outcomes.

2. **Identify needs and develop community-wide strategies in response to priority problems confronting children and families.**

   The collaborative becomes the place where many sectors of the community, working together, assess barriers confronting children's healthy development, and then develop strategies to achieve better outcomes.

   By definition, this assessment and strategy development incorporates multiple perspectives, with a particular emphasis on strong representation from the community--people who are of, not just from, the community; who are intimately aware of the community's strengths and needs; and who are seen by local citizens as representing their concerns. The collaborative also involves people from a variety of organizations providing formal and informal supports to families. As a collaborative governing body tackles the complex barriers to achieving better outcomes for children, the solutions they develop will be more comprehensive and responsive if the collaborative is neighborhood-led and if there is broad participation among the service providers in the community.

3. **Promote innovative community services and supports in order to ensure the earlier, more accessible, and more responsive service delivery that families want and that schools need to accomplish their education mission.**

Effective services and supports may differ from current ones in the ways identified in Section IV. Local collaboratives must become the proponents of services which are responsive, tailored to individual needs and consumer-driven -- and thus more likely to be of genuine assistance to families and children and also to be more helpful to schools and other community institutions. This requires collaborative members who represent schools, social services, health care and other community institutions to be willing to reexamine their own institutions' services to determine if they reflect these principles.

In addition, collaborative members must be alert to new types of services that can enrich their community's resources. For example, many emerging models of early support for families -- neighborhood family resource centers, in-home services, and others -- represent innovations that are still rare in most communities. The collaborative must have a process for learning about such services, assessing their effectiveness, and when appropriate developing plans for introducing them and shaping them to local circumstances.

4. **Coordinate fiscal strategies to promote more comprehensive services.**

To improve service delivery, collaboratives must address the mainstream sources of funds for services and supports, not just token amounts for special projects, or one-time grants. In addition, they must address the categorical restrictions on funding that often block comprehensive service delivery. Given the financial shortfalls in most communities, in order to accomplish the vision of services and supports that a community creates, collaboratives will need to explore ways to expand the dollars available for family and children's services. (Specific fiscal strategies collaborative might explore are described in Section V.)

5. **Assess and monitor outcomes for children and families so that local service systems create and maintain a "climate of accountability."**

Collaboratives can gradually assume responsibility for determining if the community – the schools, human service agencies, community organizations and informal supports making up the community's service system – is in fact achieving the desired outcomes for children and families. This requires the collaborative to set clear goals; install or promote information systems that produce required information; and then establish a systematic process for examining data and determining what results are being achieved for children and families.

The collaborative's role does not replace individual agencies' responsibility to be accountable. However, the collaborative must reach beyond single agency accountability and determine if the sum total of agency efforts is producing outcomes. In a sense, the collaborative becomes the accountability agent for the service system, with each agency continuing to track its own performance within that broader framework.

Any one of these responsibilities is difficult, and all five together represent a major challenge. For that reason, many collaborative governing entities have found it useful to move toward these responsibilities gradually over time.

B. Governance as an Evolving Responsibility

As noted above, this third stage of governance represents a major shift in power, funds and relationships among the players involved. Committing to outcomes-based accountability means that organizations must work together to make decisions about future plans, financing, services delivery, and even staff development. These changes can be enormously difficult and controversial to institute; the need for careful planning cannot be over-estimated. Time is required for the people building the collaborative to develop a clear sense of purpose, to establish working relationships that are focused and productive, to convince the public of the

need for change, and to gain the necessary familiarity with current services in order to steer community systems toward real change.

It is useful to think of a collaborative as evolving through a sequence of activities and roles over time. The progression seems to develop as follows:

- In their initial phase, collaborative governing entities focus on planning and agenda-setting tasks such as defining their overall goals, identifying priority target populations, and agreeing on a common vision for the local service system. These activities help create familiarity and trust among members by sharing information across systems; assessing and identifying community problems; and making the public aware of the status of children and families in the community.

  The essential first step for any collaborative in this stage is articulating the collaborative's goals for families and children, and describing the service system envisioned to achieve these goals. This process surfaces areas of agreement and disagreement among members, and the negotiation around this topic can build mutual awareness and, hopefully, trust. Beyond that, however, establishing an overall vision of the collaborative's work ensures that, when members tackle a specific problem, it is seen in a broader context. Over time, the vision will and should evolve, but it always provides a point of reference for the collaborative's activities.

- Once the overall framework and goals are established, the collaborative can move toward developing specific strategies to address key community problems. This involves focusing on specific outcomes desired for children and families; designing new program initiatives that cut across multiple agencies; bringing systems such as schools and human service agencies into new partnerships in order to achieve outcomes; and in general taking responsibility for the diverse set of agency and community responses that are necessary to address any important problems.

  Some communities find it easier to start with concrete cases in which the system failed – that is, examining real child or family experiences in which agencies did not, or could not, respond in helpful ways. Based on this "real world" analysis, collaboratives can then move to discuss broader system and policy changes.

- A third phase of more sophisticated tasks involves linking program plans to a financing strategy. At this point, collaboratives take responsibility for influencing and/or directly controlling how agency dollars are spent. Collaboratives begin to have an interest in how member agencies and other community service providers set budget priorities; whether the dollars expended within the local service system are being used as effectively as possible; how agencies can share funds; ways in which

current dollars can be redeployed to more effectively accomplish new objectives; and how innovative refinancing strategies can produce more resources for local services.

In these deliberations, collaboratives will almost inevitably need to promote new methods for state-local service funding. For example, collaboratives will need to seek to have dollars received from state agencies "decategorized" and made more flexible for local decisions. Similarly, state agencies and the collaborative will need to develop "outcome-oriented funding" in which collaboratives receive a set amount of dollars to pursue agreed-upon outcomes for families and children.

While the explanation of these changes must necessarily be brief, it is not intended to minimize the difficulty in moving to decategorization and to outcome-oriented funding. For example, most agencies currently are rewarded based on measured inputs, such as number of forms filled out correctly. Moving to outcome-oriented funding requires fundamental changes in how the agency operates, including its management practices, evaluation methods and methods of communicating its goals to the public.

Any of these new funding techniques require significant local capacity in the collaborative. Thus, although they may be explored early in the collaborative's existence, they cannot usually be implemented until the local collaborative has developed its planning, management, and decision-making capacity.

- In a fourth phase, collaboratives hold agencies accountable for outcomes. At this point, the collaborative is acknowledged as the point in the community service system where "collective accountability" is maintained.

  This oversight need not be overbearing or hierarchical. The collaborative's interest in outcomes is for the purpose of developing more effective strategies. Over time, as the collaborative makes judgements about how well various services are working, and which strategies succeed better than others, the collaborative's decisions should begin to affect individual agencies' priorities, investment patterns, and methods of providing service.

  The progression here is from activities which require little formal organization to activities which involve collective decisions and usually include official delegation of authority to the collaborative group Providing this authority is natural as the collaborative "earns" it: that is, as the group is able to formulate joint definitions of community problems, develop cooperative program and fiscal strategies, and eventually assess system performance in a way which is independent of the bias and perspective of any one member system.

C. Membership

Collaboratives' membership will (and should) vary, depending on the local community. Generally, representation will include:

- Parents, including parents who have participated in services;
- Schools;
- The major health and human services agencies or divisions of agencies, including health, mental health, social service (including child welfare), and juvenile justice;
- The courts;
- Business and civic leadership;
- Local political leadership; and
- Representatives of the informal community supports, for example, churches, neighborhood associations, community organizations, and other sources of support for families and children.

The balance among these interests of the collaboratives is important, and communities will handle this differently. Experience suggests that a strong citizen and non-agency membership helps the collaborative to be "owned" by broad community interests, be open to non-traditional approaches, and develop the political clout that comes from citizen, rather than bureaucratic, representation. Whatever the balance, one important criterion in selecting members is to have people who are not prisoners of any single agency agenda. A related criterion is to ensure that the collaborative is truly representative of, and responsive to, the community.

D. Forming the Collaborative

In the long run, the collaborative is a new way of carrying out many responsibilities that state and local agencies now have to handle separately. For this reason, local and state

interests must agree on the collaborative's purpose, its initial roles and responsibilities, and the process for its development. It is also useful to have discussions about long-term goals for the collaborative.

At the state level, several activities can help initiate and support collaboratives' development locally. These include:

- A decision by an interagency, cabinet-level group to support development of local collaboratives, with explicit recognition of their purpose and their roles in relation to state agencies;

- Identification of the support and assistance state government will extend to local collaboratives as they develop. Assistance could include:

  - Assisting collaboratives to define purpose and mission;
  - Providing information about service needs, state programs and expenditures, and other useful data;
  - Providing technical assistance in strategy development; and
  - Reinforcing (through communications with local counterpart agencies) the importance of the collaborative's role.

- Identifying the longer term roles and responsibilities that the state will encourage and enable local collaboratives to assume, including:

  - Responsibility for service planning;
  - Responsibility for advising on agency budgets and expenditures; and
  - Direct control of service dollars, according to parameters established by state agencies.

While state support is essential, primary responsibility for collaboratives' development rests in local communities. Initial steps that can be taken to develop collaboratives there include:

- Assessing whether any group now plays this role. In some communities, an existing interagency group may be the logical starting point for a more formal collaborative governing entity;

- Discussing with community actors (for example, agencies and civic leaders) their interest in and support for a collaborative;

- Convening an initial forum to discuss the potential benefits of establishing a collaborative; from such community discussions, defining the short-term and longer-term responsibilities for such a group;

- Obtaining agreement from all necessary parties (state and local) to establish a collaborative;

- Convening initial meetings, conducting training of collaborative members, and having the collaborative begin to carry-out the responsibilities outlined above.

VII. STAFF DEVELOPMENT AND TRAINING

The changes described in this paper require skilled, motivated people to carry them out. Improving outcomes for children can only be done through a well-trained workforce, knowledgeable about their own responsibilities as well as how they fit within the broader service system.

For this reason, a fifth component of community activity is staff development and training to ensure appropriate skills, attitudes, and commitment among frontline personnel. The staff involved in these activities are those who work directly with families and children in many different settings: teachers and related school staff, social service workers, health care professionals, mental health workers, and staff of a variety of other community organizations, institutions and agencies. (Although this document focuses on professional development, an equally important component is developing the skills of parents to work with professionals and with other parents.)

These development and training activities need to be both family-focused and inter-disciplinary. "Family-focused" means flexible, responsive, comprehensive and a host of other characteristics reflecting the growing body of information about how best to serve children and families. Inter-disciplinary means that not only do teachers, nurses, counselors, social workers and other professionals need to learn new methods of serving families within their organization or discipline, but they also need to learn how to work with each other, across agencies and disciplines. Not only do schools need to learn to work as a team, but they also need to develop working relationships with others beyond the educational system.

To ensure the effectiveness and relevance of staff development and training efforts, frontline personnel need to participate in defining and implementing a common approach to assisting children and families. This common approach emphasizes:

- respectful relationships with children, youth, and families and respect for family diversity;

- the importance of involving families in their children's healthy development and education, viewing families as essential resources for their children. Instead of professionals "doing to" families, this approach emphasizes treating families as essential and equal partners in the process;

- respect for, and encouragement of, the network of informal supports that are usually a family's first recourse in times of trouble; and

- more flexible, comprehensive, and non-bureaucratic responses to children and families.

The skills required for this approach enrich the unique professional skills that teachers, social workers, and health care professionals already have, and contribute to professionals' interaction with families.

Sites' activity to begin implementing this approach within their service system will involve three main steps, as described below.

A. Designing and Implementing Cross System Staff Development and Training

The first goal is to develop and implement a staff development and training strategy that incorporates the approach described above. The strategy can take several forms. One is a training curriculum that would be used across the major community service systems, i.e., involving all of the types of frontline personnel cited above.

Training content would include material in the following areas:

- A family-centered approach:

  -- Understanding children in the context of their families, and families in the context of their community settings,
  -- Viewing families as resources for children, and as partners in service delivery,
  -- Assessment skills that involve family members in identifying critical needs and setting goals, and

- Conveying respect for diverse cultures, races, and ethnic backgrounds.

- A developmental approach:
  - Understanding children in the context of their developmental stage; and
  - Recognizing normal and aberrant developmental milestones, "invisible disabilities," and early warning signs of emotional or behavioral problems.

- Enabling families to develop skills that promote their own use of community resources:
  - Developing knowledge of informal as well as formal community resources;
  - Encouraging the development of informal supports in particular; and
  - Understanding families' own patterns of seeking and using help.

- Working collaboratively with other agencies, systems, and community resources:
  - Service planning that involves multiple systems, e.g., teachers, family workers, and informal family supports;
  - Methods for gaining interagency agreement to support families' own goals;
  - Methods for resolving differences that arise among professionals with different perspectives and backgrounds;
  - Ability to mobilize and monitor service provision and obtain feedback from diverse sources; and
  - Ability to recognize and obtain consultations on early signs of health, mental health, learning and family problems.

- Enhanced ability to work in reformed services and systems:
  - Strengthened skills in building respectful, trusting relationships;
  - Strengthened skills in working with both children and families;
  - Professionals equipped with a problem-solving, persevering mindset and problem-solving skills;

- Professionals enabled to be comfortable addressing a complex interplay of problems, exercising front-line discretion, and working in settings that are in continual evolution; and
- Redefinition of professional roles.

The curriculum incorporating this material would be developed collaboratively and interactively with staff from multiple systems, including front-line staff and agency administrators, so that it meets their needs and reflects their views and priorities.

Training using this curriculum would then become part of initial and on-going staff development activities for a wide range of community agencies. Training sessions and experiences would include varied professionals working together, rather than training being done separately for each category of professional, as is now the case in most communities. Training could be provided by local professionals as well as outside specialists.

B. Ensuring Administrative Support for the New Approaches at the Frontline

Helping frontline personnel acquire new skills is only useful if the agencies employing these staff support the new forms of practice that result. The emerging, more family-supportive forms of practice will require different supervisory skills and ways to evaluate staff performance, for example, and may also benefit from different information systems and revised working hours and expectations. In fact, this aspect is so crucial that revised training will not be effective, and may even be frustrating, without it. If professionals are taught that flexibility in serving families is an important component of an effective system, and then are given no flexibility or are penalized when they use their discretion, the training will not have been useful.

In fact, the importance of adopting large system changes to support training illustrates the statement in the introduction above that these components of reform are parts of a "recipe" that must be followed in full in order to work. For example, training professionals in new methods to accomplish outcome goals is only effective if the system adopts an outcomes

orientation. Training professionals to be creative in developing and delivering preventive-oriented services is only effective if the programs in which they work have committed to redeploying resources in manner consistent with their training.

Building these supports for reformed frontline practice may involve clarifying professionals' roles. For example, as schools and human service agencies link their activities, there is a tendency, on the one hand, to believe that teachers can now "hand-off" children with problems to social service agencies. Conversely, some educators fear that teachers will be forced to be social workers, becoming deeply involved in solving family problems. Having staff from all professions trained together in the new approaches should help create mutual understanding of how each profession can work effectively with families and children in their own domain, while pushing the boundaries of their job descriptions to create a seamless fabric of services, supports, and responsive institutions.

Identifying the necessary supports for family-supportive frontline practice will require agency administrators to be part of the development and implementation of this curriculum.

C. Institutionalizing Family-Centered Training

The real measure of whether a new staff development and training approach succeeds will be whether communities can continue it, and broaden its uses over time.

To accomplish that goal, communities can begin by identifying state and local capacity that can continue these staff development activities. Possibilities include local school districts and human service agencies themselves (as many now conduct on-going staff development activities); local professional schools or universities; and/or new training institutes, free-standing or affiliated with other community organizations.

D. Steps Toward this Approach

To get started, communities may want to consider the following activities:

- Obtain agreement among all the major systems -- schools, social services, health, and mental health, at a minimum -- to develop a training and staff development program that will enable professionals to work effectively in reformed settings.

- Identify lead people in each of these systems to assist in development of the curriculum and strategy for training activities;

- Work with national consultants who can assist in the development of the curriculum (provided through the Improved Outcomes for Children project);

- Develop the initial curriculum, and pilot testing it;

- With school and agency administrators, identify how they can support the new forms of practice; and

- Implement the curriculum for teachers, social workers, mental health professionals, and primary health care professionals.

VIII. CONCLUSION: MEASURING SUCCESS

Over the long term, the real measure of progress for communities in this effort is whether trends change in the direction of the desired outcomes. The bottom line is whether the situation for families and children improves.

However, it is important for many reasons for communities to establish shorter-term goals for the first two years of their initiatives. These goals can help communities to sustain internal enthusiasm, public support and funding so that they can persevere in achieving their ultimate outcomes. Setting and evaluating progress toward goals can also help communities know if they are on the right track towards their long-term outcomes. Long-term outcomes are often affected by factors beyond the community's control, such as the state of the economy, so short-term goals can give alternate clues.

Suggested goals for a community's first two years of work are:

1. Agreement by all partners (including schools, public and private health/human service agencies and parents) on a set of outcomes that describe what schools and communities want for their children.

2. Identification and agreement on services, supports and strategies that will lead to improved outcomes by identifying available community resources, resources needed but not available, and changes needed in current services and supports to make them more effective.

3. All community partners design and engage in professional development activities that encourage frontline practice that is family-centered, based on principles of child development, sensitive to community diversity, and that cuts across professional disciplines and systems, and which emphasizes relationships of mutual respect.

4. Identification and agreement on a range of funding strategies across education/health/human services and other systems to support the activities that will lead to improved outcomes for children.

5. Outcomes, programmatic and fiscal strategies and professional development activities are agreed upon through a collaborative governance process involving parents; students; schools; education, health and human service agencies; and community representatives.

This paper has discussed elements and strategies that communities can use as they move toward both these short term goals and (in the longer run) more effective service systems to improve outcomes for children. It is intended as an overall framework, not as a prescription. Within this framework, states and communities must make their own choices, set their own priorities, and determine which strategies work best for them.

This framework itself is only a beginning. It is advanced now in order to be used, revised, and adapted by local and state officials grappling with improving outcomes for children and families.

Figure A

OUTCOMES AND INDICATORS
A Core List to Serve as a Starting Point

Higher Rates Of

Healthy Births

- Lower rates of low birthweight births
- Lower rates of late or no prenatal care
- Lower rates of births to school-age mothers and fathers

Two-Year Olds Immunized

Children Ready for School

- Immunizations complete
- No uncorrected vision or hearing defects or other preventable or untreated health problems
- Not abused or neglected
- Living in own family or stable foster care
- School-readiness traits as identified on sample basis, probably by kindergarten teachers

Children Succeeding in Elementary, Middle, and High School

- Academic achievement measures (for example, high achievement in English, math, science, history and geography measured in 4th, 8th and 12th grade)
- Lower rates of:
  - School drop-out, truancy
  - Retention in grade
  - Out-of school suspensions
  - Expulsions
- Appropriate receipt of special education services

Youngsters Avoiding

- School-age parenting
- Substance abuse
- Involvement in violence or criminal behavior, as victim or perpetrator, including:
  - child abuse
  - suicide
  - homicide
  - drug dealing
- Idleness: not in school and not employed

Young Adults who are Self-Sufficient

Children in Families with Incomes over the Poverty Line

(Decreased Use of Inappropriate and Expensive Services)

Figure B

APPLYING OUTCOME-BASED ANALYSIS

1. **Unbundle agreed-upon outcomes** into their component parts

2. **Identify the services and supports needed** to achieve each of the agreed-upon outcomes

3. **Identify the services and supports** now available in the target area

   a. Which of the needed services and supports are now available in the community and in the target neighborhood(s)?

   b. Which are now available under conditions that are likely to make them effective in improving outcomes?

   c. Which services and supports are available but under conditions that make them ineffective or inefficient, or involve unnecessary duplication?

4. **Conduct gap analysis**

   a. Identify services and supports that are needed and missing

   b. Identify services and supports that are needed and available, but where change (in such factors as location, eligibility determination, skills and/or mindsets of front-line staff) is needed to make them available under conditions that are likely to make them effective in improving outcomes

5. **Identify and take action needed** to put missing services and supports in place, to make all services and supports maximally effective in improving outcomes, and to institutionalize change by

   a. Developing linkages among or modifying existing services and agencies, and establishing new services.

   b. Developing financing strategies to re-allocate existing funds and to obtain new funds.

   c. Designing new training and professional development activities to ensure that front-line personnel and managers will have the skills and mindsets to function effectively in reformed service settings.

   d. Developing a governance mechanism or identifying an existing governmental entity that will take responsibility for achieving shared, cross-systems outcomes and for ensuring continued evolution and responsiveness of a coherent set of community supports and services.

   e. Identifying barriers in state and federal policies and practices that interfere with the community's ability to improve outcomes.

Figure C

A SYSTEM OVERVIEW

CORE OUTCOMES	Healthy Births Low rates of low birth-weight births, late or no pre-natal care, births to teenage mothers, unintended births, births to mothers in poor health	Ready for School Immunizations complete, no uncorrected hearing or visual disabilities, no preventable or untreated health problems, not abused, living in own family or stable foster care, school readiness traits	School Success High rates of academic achievement and attendance; and low rates of truancy, dropout, retained in grade, and suspensions. Appropriate special education placements.	Adolescents Avoiding "Rotten Outcomes" Low rates of pregnancy, substance abuse, sexually transmitted diseases, abuse, suicide, homicide, arrests, idleness, families living in poverty
ATTRIBUTES OF EFFECTIVE SERVICES	All families must have access to effective services, not just the status quo, characterized by accessibility, simple eligibility process, family focus, community roots, comprehensiveness, linkage across services and systems, personalized responses, partnership between parents and professionals, relationships of mutual trust, intensiveness of service and relentless problem solving.			
SERVICES AND SUPPORTS FOR CHILDREN AT RISK AND FOR CHILDREN AND FAMILIES WITH SPECIAL NEEDS	Adult literacy training; job training, placement and support; assistance with housing, food, income; home visiting and drop-in centers; substance abuse prevention and treatment.	Capacity to promptly and reliably assess and respond to physical, emotional, behavioral, cognitive problems; support for high-quality, reasonable cost child care; child care staff, schools and families; continuum of supportive child welfare and mental health services, including family preservation services.		Individual attention from staff of programs providing health, mental health, AIDS, STD, substance abuse treatment and prevention, emergency shelter, gang intervention, and employment and training services. Supplemental supports such as transportation and child care.
SERVICES AND SUPPORTS FOR ALL CHILDREN AND FAMILIES	High quality family planning services and information, and other reproductive health care services Prompt, continuing, high quality prenatal care Preparation for childbirth and parenting, nutrition services, family support services High quality child and adolescent health care and health promotion	High quality health care for infants and children, including adequate nutrition High quality infant and child care, including preschool education Parent support services, including parent education Support for parents to undertake activities at home supportive of healthy development and school readiness	Restructured schools that use innovation to encourage learning; school climate and community activities to encourage, support, and sustain parent-school partnerships and community norms to promote school achievement. Communication among schools, families, health, developmental disability, mental health, child protection, juvenile justice and other community agencies, to maximize children's healthy development Health care including preventive services and reproduction-related education and services; nutrition assistance and activities to promote physical fitness; services to prevent and treat substance abuse and violent behavior among adolescents and their families Inviting settings where students can study, socialize, learn about the world of work, and spend time with peers and adults, comfortably and safely	
FINANCING STRATEGIES	Redeploy funds to prevention-oriented activities to avoid institutional placements. Maximize federal reimbursement under Medicaid, Title IV-A and Title IV-E. Use Title Social Services Block Grant. Ensure funds are reinvested.			
SOURCES OF FUNDS OR VEHICLES FOR SERVICE DELIVERY (EXAMPLES)	Medicaid, public health, WIC, food stamps	Medicaid, public health, child welfare, family preservation, Head Start, publicly-funded child care, child care tax credit	Schools, school-community collaboratives, community organizations	Public health, community recreation, churches, community organizations, mental health system, AFDC/JOBS, child support enforcement, Title XX
COMMUNITY PRECONDITIONS	Essential supports for families: employment opportunities, income support, decent housing, safe and supportive neighborhoods, prospect of decent life options and self-sufficiency for all youngsters, informal supports for children and families through churches, youth service organizations, parks, and recreation, other community organizations			

Figure D-1

SERVICES AND SUPPORTS TO IMPROVE OUTCOMES FOR YOUNG CHILDREN

[Items marked with an asterisk (*) are indicators of community capacity]

OUTCOME: TO INCREASE RATES OF HEALTHY BIRTHS

Components:

- reducing rates of unintended births
- reducing rates of teen-age births
- reducing rates of low birthweight births
- increasing the proportion of adolescents and young adults who are in good health and not substance abusing
- increasing the proportion of pregnant women receiving prompt, continuing, high quality prenatal care.

Community conditions:

- higher rates of **students succeeding at school**
- enhanced **life options** for at-risk youngsters (including good prospects for self-sufficiency)
- lower rates of **children in poverty**
- **informal supports** for families through churches, neighbors, parks, and recreation

Services and supports:

- **high quality, appropriate family planning** services and information, and other **reproductive health care***

  (through health centers, school-based or school-linked or neighborhood clinics, private physicians; paid for through Medicaid, private insurance, health departments, special programs)

- **high quality prenatal care** beginning early in pregnancy and continuing throughout pregnancy, linked to

  preparation for childbirth and parenting*
  nutrition services, including WIC and Food Stamps*
  nurse home visiting*
  family support services*
  substance abuse treatment as needed*

  (through health centers, neighborhood clinics, private physicians; paid for through Medicaid, private insurance, health departments, special programs)

- **high quality adolescent health care and health promotion,** including preventive services; screening, diagnosis, and follow-up; care of acute illness, accidents, chronic illness and disability; substance abuse treatment as needed*

  (through health centers, school-based or school-linked or neighborhood clinics, private physicians; paid for through Medicaid, private insurance, health departments, special programs)

- activities to promote physical fitness*

Figure D-2

SERVICES AND SUPPORTS TO IMPROVE OUTCOMES FOR YOUNG CHILDREN

[Items marked with an asterisk (*) are indicators of community capacity]

OUTCOME: TO INCREASE RATES OF CHILDREN READY FOR SCHOOL

Components:

- higher rates of children in good health
- fewer children abused
- more children living in own family or stable foster care
- more children with consistent caretaker, providing protection, structure, guidance, and stimulation

Community conditions:

- safe and supportive neighborhoods, decent housing
- informal supports for families through churches, neighbors, parks, recreation; **community settings that support families in their child-rearing efforts, and that support children's normal development.**
- lower rates of children in poverty

Services and supports:

- **high quality health care of infants and children**, including preventive services, immunizations, health education, anticipatory guidance, screening, diagnosis, and follow-up; care of acute illness, accidents, chronic illness and disability; nurse home visiting*

  (through health centers, school or neighborhood clinics, private physicians; paid for through Medicaid, private insurance, health departments, special programs)

- assistance as needed to ensure adequate nutrition*

  (through WIC, Head Start, day care breakfast and lunch programs, Food Stamps, nutrition education, and income support)

- **quality infant and child care** integrated with early education, health, nutrition, and social services, parent involvement, and home visits*

  (through expanded Head Start programs, Success by Six, parent-child centers, and other comprehensive child care programs)

(CONTINUED)

- **parent support services**, including parent education; adult literacy programs; job training, placement and support; assistance in meeting needs for housing, food, income; home visiting and drop-in centers; substance abuse treatment and rehabilitation*

- **support to enhance parent capacity to undertake activities at home supportive of healthy development, school readiness and school success,*** including reading with children, parental attention and guidance and availability of appropriate play materials, play space, and study space

- supports to encourage **parent involvement in child care programs, in their children's development, and in maintaining community norms to promote school success***

- capacity of front-line professionals (including health professionals and child care personnel) to recognize and obtain prompt assessment and consultations on aberrant developmental milestones, "invisible disabilities," and early warning signs of **health, mental health, learning, emotional, behavioral, and family problems***

- **continuum of child welfare and mental health** services, including child protection and family preservation services, coordinated with other community agencies; **consultation for families and child care personnel regarding children's and family problems***

- **community capacity to promptly and reliably assess and respond to acute and chronic physical, emotional, behavioral, cognitive problems** that interfere with learning; consultation, feedback and support for child care staff and families; treatment and support for young children and families as needed*

- **community capacity to facilitate collaboration and communication** among families, preschool programs, schools, and -- within the bounds of protecting confidentiality and respect for privacy -- with health, mental health, child protection, developmental disability, and other professionals to help families and professionals in their efforts to support students*

Figure D-3

SERVICES AND SUPPORTS TO IMPROVE OUTCOMES FOR YOUNG CHILDREN

OUTCOME: TO INCREASE RATES OF CHILDREN SUCCEEDING IN ELEMENTARY SCHOOL

[Items marked with an asterisk (*) are indicators of community capacity]

Components:

- higher rates of children achieving academic mastery
- higher rates of attendance
- lower rates of truancy and drop-out
- lower rates of children suspended
- lower rates of children retained in grade

Community conditions:

- safe and supportive neighborhoods, decent housing
- informal supports for families and children through churches, youth service organizations, neighbors, parks, recreation; community settings that support families in their child-rearing efforts, and that support children's school success
- lower rates of children in poverty
- school climate and activities to encourage, support, and sustain involvement of parents in the life of the school, in their children's schooling, and in maintaining community norms to promote school achievement.

Services and supports:

- **high quality child health care**, including preventive services, immunizations, health education, anticipatory guidance, screening, diagnosis, and follow-up; care of acute illness, accidents, chronic illness and disability*
- **high quality care for children before and after school***
- **nutrition assistance** (through school breakfast and lunch programs, Food Stamps)*

(CONTINUED)

- **parent support services**, including parent education; adult literacy programs; job training, placement and support; assistance in meeting needs for housing, food, income; drop-in centers; substance abuse treatment and rehabilitation as needed; support to enhance parent capacity to undertake activities at home supportive of school success*

- capacity of front-line professionals (including health professionals, school personnel, and staff of youth service agencies) to recognize and obtain prompt assessment and consultations on aberrant developmental milestones, "invisible disabilities," and early warning signs **of health, mental health, learning, emotional, behavioral, and family problems***

- **continuum of child welfare and mental health services**, including child protection and family preservation services, coordinated with other community agencies; **consultation for families and school personnel regarding children's and family problems** *

- **community capacity to promptly and reliably assess and respond to acute and chronic physical, emotional, behavioral, cognitive problems** that interfere with learning; consultation, feedback and support for teachers and families; treatment and support for children and families as needed*

- **community capacity to facilitate collaboration and communication** among families, schools, and -- within the bounds of protecting confidentiality and respect for privacy -- with health, mental health, child protection, developmental disability, and other professionals to help families and professionals in their efforts to support students *

Figure D-4

SERVICES AND SUPPORTS TO IMPROVE OUTCOMES FOR YOUNG CHILDREN

OUTCOME: TO INCREASE RATES OF CHILDREN SUCCEEDING AT MIDDLE SCHOOL AND HIGH SCHOOL AND ADOLESCENTS AVOIDING DAMAGING OUTCOMES

[Items marked with an asterisk (*) are indicators of community capacity]

Components:

- higher rates of youngsters achieving academic mastery
- fewer youngsters bearing children as teenagers
- fewer adolescent deaths as result of suicide or homicide
- fewer youngsters with sexually transmitted diseases
- fewer youngsters arrested or involved in crime
- fewer youngsters not employed and not in school

Community conditions:

- safe and supportive neighborhoods, decent housing
- informal supports for families and youngsters through churches, youth service organizations, neighbors, parks, recreation; community settings that support school success; settings where youngsters can study, socialize, and spend time with peers and adults, comfortably and safely
- lower rates of children in poverty
- restructured schools; school climate and activities to encourage, support, and sustain involvement of parents in the life of the school, in their children's schooling, and in maintaining community norms to promote school achievement.
- activities to promote physical fitness
- ability to mobilize community organizations and institutions, including potential employers, on behalf of students.

(CONTINUED)

Services and supports:

- **health care**, including periodic screening, diagnosis and follow-up and preventive services, including health education and reproduction-related education and services.*
- **nutrition assistance** (through school breakfast and lunch programs, Food Stamps)*
- **parent support services**, including parent education; adult literacy programs; job training, placement and support; assistance in meeting needs for housing, food, income; drop-in centers; substance abuse treatment and rehabilitation as needed; support to enhance parent capacity to undertake activities at home supportive of school success*
- capacity of front-line professionals (including health professionals, school personnel, and staff of youth service agencies) to recognize and obtain prompt assessment and consultations on aberrant developmental milestones, "invisible handicaps," and early warning signs of **health, mental health, learning, emotional, behavioral, and family problems***
- **continuum of child welfare and mental health services**, including child protection and family preservation services, coordinated with other community agencies; **consultation for families, school and youth-serving personnel regarding children's and family problems***
- **community capacity to promptly and reliably assess and respond to acute and chronic physical, emotional, behavioral, cognitive problems** that interfere with learning; consultation, feedback and support for teachers and families; treatment and support for children and families as needed*
- **community capacity to facilitate collaboration and communication** among families, schools, and -- within the bounds of protecting confidentiality and respect for privacy -- with health, mental health, child protection, and other professionals to help families and professionals in their efforts to support students*
- **individual attention** from staff of multi-component programs providing health, mental health, AIDS, STD, substance abuse treatment and prevention, emergency shelter, outreach, gang intervention, and employment and training services.*
- services to prevent and treat substance abuse and violent behavior among adolescents and their families.*

Figure E

ATTRIBUTES OF EFFECTIVE SERVICES

geographically and psychologically accessible

minimal barriers to participation (simple eligibility process)

comprehensive and responsive (usually implies collaboration across systems and disciplines)

personalized responses (implies flexibility and front-line worker discretion)

family-centered services and supports

partnerships between parents and professionals

responsive to neighborhood and community

outcome-oriented accountability

preventive orientation

mission driven, shaped by client needs

unbureaucratic climate

relentless problem-solving capacity

emphasis on relationships of mutual trust

evolving

Figure F

A COMBINED PROGRAM AND FISCAL STRATEGY

SOURCE OF FUNDS

Redeployment Strategies

- Out of State to In-State Care
- Out of Home Care to Family Preservation
- Out of Home Care to Reunification

Refinancing Strategies

Medicaid

• Education	• Service Claims
• Child Welfare	- EPSDT
• Juvenile Justice	- Case Management
• Public Health	- Rehab. Option
• Mental Health	• Admin. Claims

Title IV-E

• Child Welfare	• Eligibility
• Juvenile Justice	• Admin. Costs
• Mental Health	• Training

Title IV-A (Emergency Assistance)

• Child Welfare	• Family Pres. Services
• Juvenile Justice	• 180 Days Foster Care
• Mental Health	• Protective Services Eligibility

Other Possibilities

- JOBS (Program IV-F)
- Child Support (IV-D)
- Donations/Grants/Fees/Loans etc.

USE OF FUNDS

School-Linked Community Services

- Family Support Network
- Screening, Outreach, Case Management
- Parent Support and Education
- Home Visiting
- Health Services
- Mental Health Services
- Recreation Services
- Child Care
- Employment Services

Prevention of Out of Home Care: Family Preservation Services (FPS)

- Statewide Full Access
- Cross-Systems Gatekeeping Role

Continuum of Care

- Day Treatment
- Family Foster Care and Support Services
- Therapeutic Foster Care and Support Services
- Group Care and Support Services
- Adoption and Post Adoption Services
- Reunification Services

Training

- Cross-Agency Training at the Local Level
- Ongoing Training Capacity (Statewide)

Governance

- Costs of Local Collaboratives
- State and County Children's Cabinet

"Off the Top Costs"

- Agency Staff (eligibility and administrative costs)
- Systems development
- Technical Assistance
- Reinvestment Tracking